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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number 60246-246; 10,756	
		First Named Inventor Dobmeier, Thomas J.	
COMPLETE IF KNOWN			
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing		Application Number / Herewith	
OR		Filing Date Herewith	
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONTROL OF MULTI-CIRCUIT ECONOMIZED SYSTEM

(*Title of the Invention*)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
<input type="text"/>	<input type="text"/>	

[Page 1 of 2]

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PTO/SB/01 (11-03)

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Direct all correspondence to: Customer Number
or Bar Code Label **026096** OR Correspondence address below

Name **THEODORE W. OLDS**

Address **400 W. Maple Road**

Address **Suite 350**

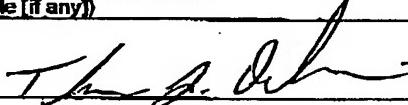
City Birmingham	State Michigan	ZIP 48009
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Country United States	Telephone (248) 988-8360	Fax (248) 988-8363
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : A petition has been filed for this unsigned inventor

Given Name Thomas J. (first and middle [if any])	Family Name DOBMEIER or Surname
--	---

Inventor's Signature 	Date 2/10/2004
---	-----------------------

Residence: City Phoenix	State NY	Country US	Citizenship US
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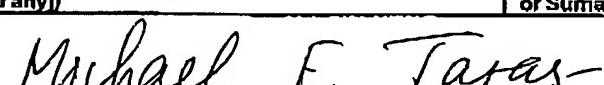
Mailing Address **9109 Frenchmans Creek Drive**

Mailing Address

City Phoenix	State NY	ZIP 13135	Country US
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name Michael F. (first and middle [if any])	Family Name TARAS or Surname
---	--

Inventor's Signature 	Date 02/10/2004
--	------------------------

Residence: City Fayetteville	State NY	Country US	Citizenship US
-------------------------------------	-----------------	-------------------	-----------------------

Mailing Address **5424 Springview Drive**

Mailing Address

City Fayetteville	State NY	ZIP 13066	Country US
--------------------------	-----------------	------------------	-------------------

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (11-05)

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 1 of 1**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor**Given Name (first and middle [if any])****Family Name or Surname**

Alexander

LIFSON

Inventor's Signature**Date**

FEB. 10/2004

Residence: City Manlius**State** NY**Country** US**Citizenship** US**Mailing Address**
8198 Dycus Circle**Mailing Address****City** Manlius**State** NY**ZIP** 13104**Country** US**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor**Given Name (first and middle [if any])****Family Name or Surname****Inventor's Signature****Date****Residence: City****State****Country****Citizenship****Mailing Address****Mailing Address****City****State****ZIP****Country****Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventor**Given Name (first and middle [if any])****Family Name or Surname****Inventor's Signature****Date****Residence: City****State****Country****Citizenship****Mailing Address****Mailing Address****City****State****ZIP****Country**

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PTO/SB/02C (3-97)

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DECLARATION		REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)	
Name	Registration Number	Name	Registration Number
Theodore W. Olds	33,080	All attorneys associated with Customer Number 30956	
John E. Carlson	37,794		
David J. Gaskey	37,139		
Kerrie A. Laba	42,777		
William S. Gottschalk	44,130		
David L. Wisz	46,350		
Karin H. Butchko	45,864		
John M. Siragusa	46,174		
Anthony P. Cho	47,209		
Anna M. Shih	36,372		

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